



Editorial

Norman Goldstein MD
Editor

WORDS, WORDS, WORDS

At the time Hamlet was written, Shakespeare had 20,000 words available to express all through the English language. When President Lincoln made his famous, concise Gettysburg address, there were 114,000 English words from which to choose. Today we can find 600,000 words defined in Webster's Dictionary. When we add medical terminology and accepted words from other languages, our options have expanded forty fold since Shakespeare's time.

The late Dr. Harry L. Arnold, HMJ Editor for 41 years, was expert at using proper vocabulary. Some of my fondest controversial medical discussions appeared in print between Harry and the late NYU Professor of Dermatology, Dr. Morris Leider. It was Morris who called me the Semitic Semanticist (considered an honor, coming from him).

To communicate effectively, we often simplify our spoken language through idioms and contractions. So, instead of saying, "It is not efficacious to indoctrinate a superannuated canine with innovative maneuvers", we remark, "You can't teach an old dog new tricks." American shorthand speech reduces the phrase, "we need to dimensionalize this management initiative" to "Let's make a plan".

Simply put, let's make a plan to:

1. Keep sentences short
2. Pick simple words over complex ones
3. Choose familiar words instead of obscure ones
4. Avoid unnecessary words
5. Put action in our verbs
6. Write the way we talk
7. Use terminology that our patients can picture
8. Tie in with our patients' experience
9. Make full use of a variety of words
10. Write and speak to *express*, not *impress*¹

1. Trout, J and Rivkin, S. The Power of Simplicity, McGraw-Hill Inc. and Audiotech Business Book Summaries 1999.

Hepatitis C - Molecular Treatments and Liver Transplantation

The well designed study by Naoky C.S. Tsai, MD and Associates, "A Novel Treatment of Patients with Chronic Hepatitis C"¹ is an example of the future of medicine. Recombinant human Granulocyte Macrophage Colony-Stimulating-Factor will undoubtedly be used for other infections and conditions in the near future. As was evidenced at the recent "Genetics and Molecular Biology - From Discovery to Practice" seminar sponsored by the Queen's Medical Center and the Ohio State University (Feb. 22-24, 1999), the age of Molecular Biology is here now, and physicians must keep up with this exciting new field of medicine.

Hepatitis C was the main reason for the liver transplantations in Linda L. Wong MD *et al's* review. Hawaii's first liver transplant was

reported in our Special Issue on Organ Transplantation five years ago by Dr. Wong and associates.² They herein report on a total of 21 transplants, 20 currently alive.³

Mahalo to Hawaii's pioneers in medicine and surgery, Naoky, Linda and their associates.

References

1. Tsai, N.C.S. et al "A Novel Treatment of Patients with Chronic Hepatitis C"
2. Wong, L.L. et al "Liver Transplantation in Hawaii" *Hawaii Medical Journal* 1994; 53(3):86-89
3. Wong, L.L. et al "Liver Transplantation in Hawaii: The Initial Five Years"



Special Contribution

Demanding Compliance with Living Wills

From the Honolulu Star-Bulletin, February 23, 1999

A.A. Smyser

Contributing Editor, Honolulu Star-Bulletin

Bill Perry's wife Pat, aged 88, as he is, looked up from a gurney at Queen's Hospital Emergency Room and told him, "I'm in horrible pain. Let me die."

In the dark of the morning soon after 5 a.m. on Dec. 31 she had been hit by a car while going to get the morning newspaper out of their mailbox in the Kahaluu area. He is a late sleeper and didn't know about it until a neighbor woke him with the news.

She was still on the street being tended by paramedics who came promptly. Perry followed the ambulance in his car. On the subject of death, Pat and Bill understood each other. They had plans for killing themselves when it seemed appropriate.

Bill knew his wife meant it when she asked to be allowed to die. He was able to get her living will faxed to the emergency room from Kaiser Koolau Clinic. A final paragraph gave him power of attorney to act for her.

He said he told the emergency personnel to get her out of pain or let her die. They said she wasn't terminal and that pain medication had to be withheld until they learned whether there was internal bleeding.

Then he did what he says he wouldn't do now - signed a form allowing surgery on her broken leg with bones protruding through the skin in order to get her pain relief.

Next time he saw her was in intensive care - unconscious and hooked up to an array of tubes and piping intended for life-saving efforts neither he nor she wanted.

When he asked to have the tubes disconnected he was told by a physician that would be euthanasia or murder.

The physician said it wasn't possible, even though Perry had his wife's living will and power of attorney and requested it. Even though friends at a hospital family conference, including their minister, supported his request. Even though their son, newly arrived from the mainland, supported it.

Finally after a second family conference following the arrival of

their daughter from the East Coast, the physician assented to see if Patricia Perry could breathe on her own without a respirator. This was Jan. 6, and she could. But the next day she died.

Bill, who had been willing to let her bleed to death a week earlier, got a bill for 18 pints of blood instead.

Bill now is on a crusade. He is outraged. He told his story at a state House of Representatives Health Committee hearing and will retell it wherever he thinks he can do some good. His documentation includes the bill for blood, the living will, the death certificate and the police report on how she was hit by a car whose 18-year-old had been trying to clear leaves from his windshield.

People in the Death With Dignity movement say William Perry is far from alone. Living wills regularly are ignored. Attorney Jeffrey Crabtree volunteered over 2,000 hours to draft living will legislation and fight for its enactment. His interest was spurred by his experience with his mother in a years-long coma after a hiking fall.

Crabtree says there are a lot of cases like the Perrys'. He alone is aware of a half dozen in the last few months.

The Star-Bulletin on Jan. 29 published a letter from JoAnn Goebert, whose late husband was both a physician and attorney. He lectured and wrote on the subject of living wills. He had a very specific living will, she said, yet compliance was delayed. Often a single word such as "reasonable" can create a question or doubt, she found.

Nationally, Hemlock Society U.S.A. is encouraging the formation of volunteer committees to help achieve compliance with living wills. The idea of suing those who don't comply is drawing favorable reactions.

A.A. Smyser is the Star-Bulletin's contributing editor. His column runs Tuesday and Thursday.

Editor's note:

Mahalo to the Honolulu Star-Bulletin for permission to reprint another "Hawaii's World" column from the pen of Contributing Editor A.A. "Bud" Smyser. No person in Hawaii has done more than he to support the efforts of both Hospice and Hemlock to assure the rights for each of us to choose death with dignity; the right to elect not only compassionate care, but the absence of pain in our transition from life to death.



Special Contribution

The Role of the Physician in Handicapped Parking

John A. Sheedy MD

For several years Handicapped Parking has been available in all of the public parking areas throughout the City and County of Honolulu, as well as the neighbor islands in accordance with the

Hawaii Revised Statutes (Section 291.54). Similar provisions have also been enacted throughout the United States and reciprocity exists between states.

Handicapped is defined as having a medical condition that limits mobility to 200 feet without stopping to rest due to an arthritic, neurological, or orthopedic disorder. In another disorder, individuals that meet the Class III or IV category for cardiac disease or those that have severe respiratory disorder such that the forced expired volume, one second (FEV1) is less than one liter, or have an oxygen level (P02) of less than 60 mm Hg. and requires the use portable oxygen. The final category involves those that have prosthetic, extremity devices, braces, crutches, walkers, wheelchairs, canes or the help of another person with ambulation.

Currently there are 22,000 individuals that have been certified by their physicians as meeting the above criteria for either temporary (up to six months or the red placard) or the long term (five year or blue placard) disabled parking category. Each individual is issued a laminated card to accompany the placard. At present there are 8,000 stalls that have been designated with the characteristic white wheelchair on a blue field and also marked with an upright visible sign.

Since the presence of handicapped stalls gives the handicapped a distinct advantage in parking near the entrance to most buildings and stores, it was natural that non-handicapped individuals would take advantage of these spaces. Many complaints were registered to the Honolulu Police Department, but checking these spaces was time consuming and was given a low priority by the HPD. After considerable discussion by the City Counsel and the Legislature, the idea of using volunteers was suggested. The Oahu Veterans Council was approached to provide volunteers. The present program was established by the HPD to provide training and equipment for these individuals. Currently there are twenty-five enforcement officers, most of whom will be completing two years of service in the near future. The individuals usually work in pairs and are expected to patrol selected areas at least two hours per week. Volunteer Officers are not paid, but may claim mileage when on duty. Volunteers are visible because they have been issued a dark blue vest with a Handicap logo as well as a laminated card with picture indicating their status. Volunteers are expected to be courteous, correct and not to engage motorists in discussion or argumentation. Fines that are imposed are \$150.00 if paid within ten days and after that a judgment of \$160.00 or more may be imposed.

As physicians you are the key to making a determination whether an individual is handicapped. The criteria are sufficiently clear that only those who meet these criteria should be so designated. If you have any questions, I may be reached at 692-8109.

Editor's Note:

John Sheedy MD is a medical consultant to the State of Hawaii, Department of Human Services. He is also a Fellow of the American Academy of Physicians, and past president of the Hawaii Society of Internal Medicine.

With the establishment of handicapped parking permits and reserved parking, Dr. Sheedy was commissioned as a Special Officer for Handicapped Parking with the Honolulu Police Department.

Thank you for this Special Contribution to our Journal, Dr. Sheedy.